“You have cancer.”

When I hear those words, I feel like I’m being told I’m going to die—not in some misty future, with my family and friends gathered lovingly at my bedside, as angels play their harps, but tomorrow. At dawn. By firing squad. I feel blank and emotionless because the concept is so big and so foreign that my usual responses simply can’t encompass it. My skin prickles, head to toe, as all feeling drains out of me. I can no longer understand what the radiologist is saying; I can barely hear his voice through the pat- icky clamor in my head. I sit open-mouthed, nod- ding from habit as he smiles sympathetically, out- lining the treatment he’s advising.

Once I’m outside his windowless office, the only words I remember are “... a young woman such as yourself.” God, he thinks I’m young—how nice! The rest is lost. Just like me.

About 180,000 American women will be diag- nosed with breast cancer this year. That’s a statis- tic—a number that conjures up a faceless, milling crowd. But each woman in that crowd has her own individual, personal story.

May 10, 2001, was the day I became a cancer statistic. This is my story.
Getting the diagnosis

On Wednesday, May 2, I have an appointment at Dartmouth-Hitchcock Medical Center for my yearly mammogram. By age 47, I’ve gotten used to the process: “Stand close . . . turn your chin . . . you’ll feel some pressure . . . hold your breath, please . . .” And, however, the technician has trouble with my right breast; she has to take several shots before she gets one she deems satisfactory.

A couple of weeks earlier, during my annual mammogram, Dr. Tanya Luttinger, a resident who was doing a rotation with my regular doctor, mentioned that she thought she could feel a thickening in my right breast. She asked if I was scheduled for a mammogram soon. I was, as it happens. “Good,” she said. “OK, I thought, she’s probably just being ultra-careful. She always thinks she sees or feels something or other. Whatever.

The next day, Friday, I get another call: There’s a biopsy on Monday? Sure . . . and that’s when I know. This isn’t the end. It’s only the beginning.

Dr. Poplack sits on the edge of the desk, swaying his foot as he begins to talk. Nice shoes, I think. “I wish I had better news for you . . .” he begins.

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The meeting lasts 10 minutes at most, then I’m out the door, clutching a canvas DHMC tote bag filled with breast cancer pamphlets and small white appointment cards for three specialists: Dr. Kim Grafton, a surgeon; Dr. Joe Pedersen, a radiation oncologist; and Dr. Gary Schwartz, an oncologist.

Rick and I walk out through the sunny central mall, past the food court, into the rotunda, out to the car. I should cry, I think. Shouldn’t I cry? But I don’t feel like crying. I don’t feel anything. Rick and I hug and look at one another. We smile hastily, feeling the comfort born of 25 years of marriage, the knowledge that “in sickness and in health” really means something. We’ve been through hard times before; we can do it again. We drive home. I go back to work. The journey begins.

Making decisions

The first step is to remove the tumor. The surgeon, Kim Grafton, says I need to decide if I want a lumpectomy (removal of just the tumor) or a mastectomy (removal of the whole breast). Wait a minute, I think. Haven’t you the doctor? Shouldn’t you tell me what to do?

I learn there’s a strange paradox about cancer: though it’s a life-threatening illness, decisions about how to treat it are often left up to the patient. That’s because each treatment comes with its own peculiar assortment of risks and side effects, and patients’ willingness to trade off risks for benefits, and their tolerance for nasty side effects, varies widely. Mastectomy versus lumpectomy is the first of many, many treatment decisions I’ll eventually make.

I’m given a video from Dartmouth-Hitchcock’s Center for Shared Decision Making detailing the pros and cons of each option.

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Soon everyone is greeting me with a sad-eyed smile, followed not by the usual “How are you?” but a hesitant “How are you?”

“I’m fine,” I say. “Fine.”

I want this to be an answer and an adventure. But what if that’s not the end of it? What if there’s more? Radiation, chemo . . . They’re still just words.

I’ve never been bald. I have cancer, I preface it by saying, “It’s no big deal.” Later, I imagine the stupidity of those words. Of course it’s a big deal. He thinks his mother is dying. He has no questions. He shows no emotion. I leave the room, he shuts the door, and a black cloud forms over his head—a cloud that will follow him for the next four years, through high school and beyond. He pushes me away. He wants nothing to do with having a mother. He doesn’t want to need me, because he’s sure I’ll desert him. So he deserts me first. The owner of King Arthur Flour—who is both the president and the owner, and whom I work most closely—gives me a big, bright smile and asks how I’m feeling. “Fine,” I say. “Fine.”

In Kim’s forehead from her surgical cap, which she’s drawn over some more. But the thought of losing it completely—being bald, in a world of tasteful hairpieces—is sent for the car; a wheelchair comes for me. We drive home and find a bunch of flowers, the first of many, waiting on the back steps.

On June 11, five days after the surgery, Kim Grafton calls me at work, her voice sympathetic.

“Hey,” I say. “How can I help you?”

“I got the ‘You have cancer’ news,” my mind shuts down. Kim says the tumor board will meet Wednesday, and she’ll let me know their recommendation.

“I thank her. She sounds unutterably sad; I hear the pain in her voice. I want to embrace her and tell her it’s okay—I know she did her best.

“Will she still have a breast?”

I answer. I’m amused and even disbelieving when she hands me a blue Sharpie marker and asks me to draw an X on the breast that is to be operated on. Malpractice insurance?

Dr. Carter Dodge, the anesthesiologist, looks dapper in green scrubs, nametag, and surgical cap. Carter and I have been carpooling our sons to ice hockey and soccer games for 10 years; I’m used to seeing him at 6:00 a.m. in sweats, not scrubs. He explains the anesthesiology to me without the usual, rhetorical “You’ll be in a world of tasteful hairpieces—” a new, much less invasive way of finding out how far the cancer has advanced. Dr. Poplack revs up the ultrasound and guides a needle with a barb directly into the tumor. This metal needle will direct Kim Grafton as she operates. Dr. Poplack wishes me good luck, and I’m wheeled back to the Same-Day unit.

Waiting. Waiting . . . Margie Cole, the director of the Norris Cotton Cancer Center’s Comprehensive Breast Program, peppers her head in to wish me luck. She tells me about hormone drugs, radiation, side effects; he’s very thorough, writing everything down. He rattles off statistics—this is a language cancer patients learn quickly. Chemotherapy, radiation, hormone drug, will reduce my chance of recurrence to about 16%. I say yes to chemo.

Choosing chemo

On June 12, I meet with Dr. Gary Schwartz, my oncologist. He is a man on a mission. He’s serious, shy, and gives me the gentlest and most comforting exam I’ve ever had—lots of tapping and listening.

“I’m done. I know what Nik is doing. I understand that his anger is the first step in letting me go. My son is 15 years old. I might die. It’s time I let him grow up.

Talking friends

I tell my colleagues at work. At first I think, Well, I’ll just take a day off for the lumpectomy, and that’ll be the end of it. No one needs to know. But what if it’s not that easy? It’s not that simple. What if there’s more? Radiation, chemo . . . They’re still just words.

I’m petrified about losing my hair? God knows, it’s not as though I really love it. As with every woman I know, my hair is something to fuss over, look at, and can never be more than an act of self-love. None of us ever talks about losing it. Not as though I really love it. As with every woman I know, my hair is something to fuss over, look at, and can never be more than an act of self-love. None of us ever talks about losing it. Not as though I really love it. I just don’t want to lose it. And not as though I really love it. As with every woman I know, my hair is something to fuss over, look at, and can never be more than an act of self-love. None of us ever talks about losing it. Not as though I really love it. But with great trepidation, I fear vomiting. Most of all, I fear losing my hair. Later, I realize this is a universal Big Fear for women with cancer. Why is anyone so afraid of it? It’s just hair. I do not believe him. He’s right.

“I’m fine,” I say. “Fine.” I’m feeling the force of normalcy. But that’s no longer possible. Things aren’t normal. I have cancer; my friends don’t. I take a deep breath and start down the path—alone.

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Day waiting area is so crowded that Rick and I sit on the floor in the hall. While we’re waiting, 13 different people touch base with us. Kim Griffin will take off my diseased breast; Carolyn Kerrigan will build me a new one. I feel safe, in good hands. Both women are warm, talented, gentle, empathetic. Breast cancer touches many of us as we enter our fifties and sixties, and it can strike at random. Kim and Carolyn know they could end up on the table, under the knife, at any time.

Finally, after six hours, I’m called. The operation lasts five hours, its projected duration shortened by excessive bruising. So Dr. Kerrigan closes everything up and retreats from the field of battle, telling me she’ll add the finishing touches—a new nipple—later in the week.

I wake up in the recovery room at suppertime. It’s bright, hot, nearly empty. I spend the night in great discomfort. Carter Dodge, once again my anesthesiologist, has told me I’d feel as though I’d been run over by a truck; he’s right.

I lie on a hard bed, attended to by a traveling nurse—someone hired temporarily to fill a staff vacancy—from Nova Scotia. She tells me she used to be a concert violinist, but after 14 concert tours she quit to pursue her true passion—nursing. Her husband of 31 years left her for a younger woman four months ago, and now she’s on the road. Like soldiers in a foxhole, we bond completely over the course of that long night. In the morning, I leave the recovery room for a bed in an inpatient unit; I never see the traveling nurse again.

With trepidation, I force myself to look at my chest. I see bloody bandages swathing an open wound. But sure enough, despite the massive swelling, I can detect the solid feel of a breast. It’s bright, hot, nearly empty. I spend the night in great discomfort. Carter Dodge, once again my anesthesiologist, has told me I’d feel as though I’d been run over by a truck; he’s right.

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Before that procedure, while I wait outside the operating room, I chat with a nurse—who tells me that she’d had a mastectomy eight years before, that her cancer treatment was “messy.” Leaning tiredly on her gown, she looks much older than the picture on her ID badge. Her skin is white and papery, her hair thin and dry; she radiates an air of defeat. Will my cancer be a mess, too? Am I seeing my future?

The next day is Sunday. They let me go home. Tell me I have six weeks till chemo begins. Monday I go back to work, unable to resist the siren song of friends, the adrenaline rush of deadlines. I refuse to think about what comes next.

One afternoon, a colleague sits down next to my desk, looks me in the eye, says he has something to tell me. I nod expectantly. “Two of my friends have done chemo,” he tells me. “And it didn’t work.”

To this day, I’m astounded at his insensitivity. But I learn quickly that cancer is a strange bedfellow. A sister-in-law may desert you and a casual acquaintance may become a best friend. The experience touches all of us differently.

Enduring the infusions

August 17 is my first day of chemo. I’ll have a treatment every 21 days for three months. I quickly learn that the infusions suite is a den of horrors, mitigate-
ed by the curative poisons it wields and by the kind-
ly people who deliver them.

The first thing I see, walking in, is kids. Bold kids, kids with needles in their arms. And their mothers, haggard with worry, some with tears in their eyes, but holding it together, being moms. The littlest children play; at age two or three, they don’t understand that this isn’t how life is supposed to be. The older kids, teens, sit in wheelchairs, eyes low-
ered, or lie in beds, faces to the wall. They know. This is the worst part of every chemo treatment: walking past these kids. Knowing that some of them will never grow up.

I learn quickly that I’m a challenging patient. It takes agonizing minutes to find a vein—prick after prick of the big chemo needle in the back of my hand, the crook of my elbow, the inside of my arm. Where veins should be easy to find but, at least on me, aren’t. I laugh with the chemo nurse in her lead apron, sympathize with her fear of touching even my own cells have turned against me—traitorous tissue from another part of my own body. What . . .? If I decide on reconstruction, I choose the imperfect over nothing at all. The pro-

I spend hours sitting in an easy chair in the infusion suite, watching the bags of poison drain into me, one after another. Red-jacketed volunteers offer ham sand-

Dartmouth Medicine—online at dartmed.dartmouth.edu

Spring 2009

Spring 2009

Hamel, right, reviews the schedule of upcoming King Arthur Flour catalogs with her colleague Janet Muns.
At that moment, I discover something about myself: I have great willpower. Me, who always gave up when faced with physical adversity. I can face down nausea. I can bend it to my will. And I do. At least on my back porch, in the soft September air, brushing out clumps of hair and concealing them to the wind, watching them drift down to the ground or be carried aloft on an updraft. Later, my skull as patchy as an old tomcat’s hide, I’m told of a woman who specializes in “chemo haircuts.” I shly present myself at her house on a side street in Lebanon, enter a room holding a beauty-shop chair. She sympathetically crops what’s left into a semblance of a hairstyle. Even that disappears within a month, and I’m left with nothing at all.

Going bald

My eyebrows are gone, my eyelashes, all the hair on my body. Every last bit of it. I’m as bald as a cue ball. At first I wear a baseball cap, which limits my vision; I knock myself silly walking into doorframes. And then my hair falls out. I stand outside on my back porch, in the soft September air, brushing out clumps of hair and concealing them to the wind, watching them drift down to the ground or be carried aloft on an updraft. Later, my skull as patchy as an old tomcat’s hide, I’m told of a woman who specializes in “chemo haircuts.” I shly present myself at her house on a side street in Lebanon, enter a room holding a beauty-shop chair. She sympathetically crops what’s left into a semblance of a hairstyle. Even that disappears within a month, and I’m left with nothing at all.

Going bald

Hamel, right, and King Arthur Flour photographer Brenda Hickory confer during a photo shoot of Easy Strawberry Shortcake Trifle; the resulting image ended up on the company’s website, where Hamel blogs about baking. She has also blogged about her experiences with breast cancer since shortly after her diagnosis in 2001.

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An open letter to the folks at DHMC

I want to thank all of you for saving my life. Without you, I’d be just a memory—a name on a headstone, a fading byline in a stack of old newsletters.

Without your care, my husband would be a widower, eating dinner alone at the table, listening for a loving voice that, after 30 years, is no more. Without your excellent care, my son would have lost his mother at 15, way too young, teetering on that thin edge between little boy and grown man. Even now, he’s still got enough boy in him to want a hug from his mother. Thank you for my loving arms still wrapped tight around his shoulders.

Hamel, right, and King Arthur Flour photographer Brenda Hickory confer during a photo shoot of Easy Strawberry Shortcake Trifle; the resulting image ended up on the company’s website, where Hamel blogs about baking. She has also blogged about her experiences with breast cancer since shortly after her diagnosis in 2001.

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As I leave the hospital without the tank, the tubes, I realize that cancer has changed me. I’m not embarrassed to stand out in a crowd. And I’m not afraid anymore. Of anything.

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My Story

continued from page 33

changing. I haven’t taken a sick day in 25 years. Hospitals are someplace I go to visit other people. Me, in a hospital? Never.

But here I am, sucked into the health-care system, and I mean big time. My life has become a revolving door of donning and removing the dreaded hospital johnny. Doctors and nurses and med students look and touch and squeeze and rub and prod me. Suddenly I can have no shame; there’s no time, no place for it.

So I lose my embarrassment. Stand naked in front of a camera while the plastic surgeon takes pictures? Sure. Let six—count ‘em, six—interns put their hands in my armpit at 6:00 a.m. on a cold December morning? No problem. And magically, as I shed my feelings of embarrassment about my body, I shed other inhibitions, too.

I’m Norwegian. Cold. Not physical. But now I find myself thanking people for little things, complimenting, being nice. It’s hard—really hard—but I reach out and touch my friends. Grab a shoulder. Hold a hand. Even give hugs. And, finally, I’m able to say “I love you,” words I’ve needed to say for many years but never could.

Cancer takes away every uptight feeling I’ve ever had. And it replaces those feelings with strength, love, and, most important, the ability to reveal the person who’s been living unseen, inside me, all of these years. At last, I’ve become the woman—the caretaker, the friend, the lover, the mother—I’ve always wanted to be.

On January 6, 2002, I begin the final leg of this cancer journey: six weeks of radiation therapy. I have the barest hint of peach fuzz covering my skull. And I’m an old hand at this cancer business. I know the hospital inside and out: where the freshest coffee is served, the location of every out-of-the-way restroom.

I stride confidently into the radiation suite on a Monday morning, say “Yes, yes, yes” to the receptionists at the desk, and settle in with the usual pile of six-month-old People magazines. I’ve made an 8:00 a.m. appointment—less chance of hitting a radiation traffic jam so early in the day. Did I mention I’m an old hand?

My turn comes and I take off my clothes, lie on yet another cold table, stay perfectly inert as a pair of technicians tug and nudge me into position for the 10 minutes or so the machine will hover above me. I hoist my arm uncomfortably over my head and hold it there, counting tiles in the ceiling. It’s unnerving when the techs and med students scurry out of the room to the safety of their protected cell, leaving me naked, spread-eagled, exposed under the massive machinery as it clicks and hums.

And then it’s done. I get up from the table, put my clothes on, head off to work.

I do this for 35 days, without incident. No burns; no fatigue. My final radiation treatment is on Valentine’s Day. I leave the room. Outside, the techs congratulate me, hand me a Mickey Mouse graduation certificate. We laugh. I leave the hospital for the last time.

And just like that, after nine months, my cancer treatment is over. I walk out into a surprisingly balmy February day. The sun warms the top of my head. It feels good.

I feel good. I made it.

Living life

Since that day seven years ago, I’ve felt an inner tectonic shift, my mind and soul rearranging themselves into a much more solid, more comfortable position. I’ve given up guilt (for the most part). I’m no longer into blame, regret, or fear of the future. “I should have” and “If only I’d” no longer cross my lips. Instead, my mantra is “The only thing I can control is my own attitude.” I work hard every day to think positively and remain stress-free, no matter how many work deadlines loom or how tall the stack of bills in the desk drawer grows.

Has it been smooth sailing, these past seven years? Of course not. I have lingering, irritating aftereffects. I gained a lot of weight, then lost it. My bones are thinning; osteoporosis is a known side effect of chemotherapy. I’ve been on tamoxifen; I’m now on Arimidex. My joints ache, my ribs are sore, I’m itchy, and one shoulder is permanently stiff—all reactions to drugs or radiation or surgery.

But I’ve gained confidence in myself. I know that I can fight for my life—and win. I’ve surprised myself with what a good friend I can be, especially to women going through cancer treatment. And I’ve discovered that life—just life, nothing more than living and breathing—is good. Very, very good.